

# AT THE TIME OF INJURY

## THE **PACKAGE**: FORMS AGENCIES ARE RESPONSIBLE FOR FILING

Agency  
Compensability  
Recommendation

**If accepted**, copy to  
WCD with First  
Report

**If denied**, copy to  
WCD and MHIC  
With First Report

**WCD-1**

Employer's  
First Report of  
Occupational Injury  
or Disease

**If lost time...**  
Filed Electronically  
to MHIC/WCB. Copy  
to WCD & Employee

**WCB-1**

.....OR

Employer's  
First Report of  
Occupational Injury  
or Disease

**If medical only...**  
Filed Electronically  
to MHIC with copy  
WCD & Employee

**If denied**, MHIC  
files electronically to  
WCB.

**WCB-1**

Employee's Report  
of  
Injury

Copy to WCD **if**  
**First Report Filed**

**WCD-2**

Supervisor's  
Report of  
Injury

Copy to WCD **if**  
**First Report Filed**

**WCD-3**

File WCD-4 and WCD Notice Letter Only If Employee  
Needs Prescription Drugs

Workers'  
Compensation  
Prescription Card  
Notification Form

Copy to WCD

**WCD-4**

Letter re:  
Prescription  
Drugs

Copy to WCD

**WCD-Letter to  
Employee**

## Forms MHIC Is Responsible For Filing

Memorandum  
Of  
Payment

**WCB-3**

Notice  
Of  
Controversy

**WCB-9**

Wage  
Statement

**(Lost Time)**  
File Electronically to  
MHIC. Copy to  
WCB, WCD &  
Employee

**WCB-2**

Schedule of  
Dependent(s) and  
Filing Status  
Statement

**(Lost Time )**  
Copy to WCB, WCD  
& Employee  
**Note:** This data sent  
to MHIC on Wage  
Statement.

**WCB-2A**

Limited Certificate  
Authorizing  
Written Release  
Of Medical/Health  
Care Information

Copy to WCD

**WCB-220**

**WCB** = Workers' Compensation Board  
**WCD** = Workers' Compensation Division  
**MHIC** = Maine Health Information Center